



April 17, 2014

Announcement 721

Report Contact and Address Changes on Form FA-33

Providers are required to ensure that their current contact information and physical address are on file with HP Enterprise Services (HPES). Current information assists the HPES Provider Services Field Representatives in contacting the correct person on your staff when needed.

Changes to enrollment information after you enroll (except changes in business ownership) must be updated via form FA-33 within five (5) business days of the change. Business ownership changes must be reported within five (5) business days by resubmitting a complete, new set of enrollment documents and a copy of the purchase agreement.

[FA-33 – Provider Information Change Form](#) – is available on the [Provider Enrollment](#) webpage and the [Provider Forms](#) webpage at www.medicaid.nv.gov. The form can be faxed to (775) 335-8593 or mailed to HP Enterprise Services, Provider Enrollment, P.O. Box 30042, Reno NV 89520-3042.